

DEPENDENCY OVERRIDE APPLICATION

Student Name: _____

Student SWIC ID #: _____

Students may complete this form if they have compelling extenuating circumstances which render them an independent student. This request will be submitted to a committee who will determine on a case-by-case basis if evidence provided justifies a dependency override. A dependency override must be renewed every year.

Please note, federal regulations **DO NOT** warrant the following circumstances for a dependency override:

- Parents unwilling/unable to contribute to student's education
- Parents unwilling to provide information for the FAFSA application or verification
- Parents do not claim the student as a dependent for income tax purposes
- Student demonstrates self-sufficiency and/or does not reside with parents
- Student is reluctant to request income information or communicate with parents

THINGS TO CONSIDER PRIOR TO SUBMISSION

Upon submission of a dependency override, you are requesting a manual review of your financial aid information. The manual review requires us to:

- Remove all current Title IV awards until the dependency override process is complete
- Manually select your file for verification to ensure all FAFSA information is accurate
- Re-evaluate your award eligibility based on the results of your dependency override evaluation

PLEASE NOTE: You must monitor your eSTORM and SWIC student email regarding changes to your account.

REQUIRED DOCUMENTATION FOR ALL SUBMISSIONS

Please select the circumstance that qualifies you for a dependency override:

- ☐ Documented parental abuse ☐ Documented parental neglect/abandonment

In addition, you must provide:

- ☐ A detailed statement regarding your situation including names and dates of events
- ☐ An official letter on letterhead from a professional affirming your parental situation* (e.g. counselor, clergy, social worker, teacher, or member of law enforcement)
- ☐ An informal letter from an individual affirming your parental situation* (e.g. relative, friend, or friend of the family)
- ☐ All required verification documentation

*Third party letters must include detailed knowledge of your situation including mention of BOTH parents.

I certify that all the information provided on the attached documents is true and complete to the best of my knowledge. I agree to provide additional information if requested by the Office of Financial Aid, Veteran Services and Student Employment. I understand that if the information provided is incomplete or lacks the required documentation, it will delay the processing of my dependency override.

Student Signature _____ Date _____